

St Philips Care Limited

# Cathedral Care Centre

## Inspection report







23 Nettleham Road  
Lincoln  
Lincolnshire  
LN2 1RQ

Tel: 01522526715

Date of inspection visit:  
04 February 2020  
05 February 2020

Date of publication:  
05 March 2020

### Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Cathedral Care Centre is a residential care home situated Lincoln, providing personal and nursing care to 26 people aged 65 and over at the time of the inspection. The service can support up to 36 people.

The service did not have enough staff to meet people's needs and did not always use sufficient cover when shortfalls arose. Some potential risks were not always identified. People received their prescribed medicines. Accident and incidents were analysed, and action was taken to reduce reoccurrence. Staff received infection control training and used protective equipment to reduce the spread of infection. Safeguarding concerns had been referred to the relevant authority. We found a breach in regulation.

There was an on-going refurbishment and the environment was being improved. However, concerns had been identified in the kitchen and no action had been taken at the time of inspection. People did not always have a choice at meal times. The service did not always have enough food to meet people's requests. Staff did not always have oversight of people. Staff received training. People's needs had been assessed prior to admission to the service. Staff worked with other health care professionals. Peoples capacity had been assessed where required. We made a recommendation around the kitchen environment and meal choices.

People were not always supported to have maximum choice and control of their lives. However, staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff did not receive end of life care and felt they were unable to give quality end of life care. Some information was accessible to people, however, other picture boards in communal areas was not complete. The registered provider had a complaints policy. Staff felt they were able to raise a complaint. People's cultural beliefs were respected. People received a choice of activities.

Some staff did not support people when they displayed distress. People told us they did have choice with elements of their care. Other staff interacted positively with people. Peoples dignity was considered by staff and they felt were treated well.

There was not a positive culture in the service and values were not embedded in to the staff team. Quality assurance processes did not always effectively address shortfalls in the service, however there were plans to improve this. Areas which required improvement were not prioritised to ensure timely action had been taken. The registered manager understood their responsibilities to be open and honest.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 6 March 2019).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We identified a breach of regulation in relation to staffing at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was always not effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Cathedral Care Centre

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team was made up of one inspector and one assistant inspector.

#### Service and service type

Cathedral Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with eleven members of staff including the regional manager, the registered manager, the deputy manager, care workers, the chef, a kitchen assistant and the maintenance person.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and personal records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- The service was not working in line with the registered provider's staffing guidance, which effected staff oversight of people's needs. For example, at lunch time, a member of staff was completing a food chart for one person and asked the inspector to provide details of what they had eaten. Another person was assessed to require constant prompting from staff but did not receive this. A member of staff asked another, who was assisting another person with their meal to 'keep an eye' on them. The person was not prompted during their meal and staff did not have oversight of the persons diet.
- Not all shortfalls in staff were covered with appropriately trained staff. For example, the service was left without a person in charge during a night shift. Although, the management were on call and would respond in an emergency or to administer medicines, there was no one on site who could do this. This meant if a person required pain relief there would be a delay in administering this.
- Staff told us they wanted to give better quality end of life care. One member of staff told us, "We don't always get time to give the best end of life care. We want to, just sometimes we can't." Staff told us, they wished they had more time to spend with people during this time.

This contributed to a breach of Regulation 18, Health and Social Care Act, 2008 (Regulated Activities), Staffing.

- Staffing levels for the service were calculated based on how many people were living in the service and did not consider people's individual care needs.
- The service was recruiting to vacant hours in the service. The regional manager told us, there was a plan to recruit 10% over staff required to allow for staff holidays and personal leave.
- The registered provider carried out pre-employment checks for staff. This included obtaining references and checking criminal records.

### Using medicines safely

- Some staff medicine training was out of date and they were supporting people with the administration of medicines at the time of the inspection. This meant these members of staff had not received appropriate refresher training for their role. This was not in line with the National Institute of Health and Care Excellence (NICE) guidelines.

This contributed to a breach of Regulation 18, Health and Social Care Act, 2008 (Regulated Activities), Staffing.

- MAR charts (Medicine Administration Records) had been completed by staff following administration. However, codes had not been used appropriately in-line with guidance on the MAR chart. For example, if a person had not required their medicines.

- There were protocols in place for people who were prescribed 'as needed' medicines. Which detailed guidance for staff on how to administer these to people consistently.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Individual risks associated with people's care had been identified and measures were put in place to reduce the risk of harm. However, consideration on how individual risks could impact on other people in the service had not been identified. For example, a person's smoking materials being in reach of others in communal areas was not monitored by staff. Following the inspection, the registered manager reviewed the risk assessment in relation to people smoking considering safe storage and risks to others.

- Accidents and incidents were recorded, and an analysis was completed to identify themes and trends. This meant lessons could be learned and action was taken to prevent re-occurrence.

- Where people had fallen regularly, equipment was put in place to reduce the risk of falls. For example, sensor mats were used to alert staff when someone was mobilising alone and was at risk of a fall.

Preventing and controlling infection

- Cleaning schedules for the kitchen were not available for the two weeks prior to this inspection and when requested, we were informed they had not been completed. We discussed this with the registered manager, who implemented new cleaning schedules immediately.

- We observed the service to be clean and PPE (personal protective equipment) was available to staff in different areas of the home. We observed the use of PPE during inspection.

- Staff received infection control training and cleaning schedules for personal rooms and communal areas had been completed..

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living in the service.

- Staff received safeguarding training and understood their responsibilities to keep people safe and protect them from potential harm and abuse.

- Safeguarding incidents had been referred to the relevant authorities and full investigations had taken place.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs

- An Environmental Health (EHO) kitchen visit took place in June 2019 and identified concerns relating to a damaged sink and flooring. In the visit report, it advised a repair of the sink and replacement of the flooring. However, this had not been completed at the time of inspection.

We recommend the registered provider reviews outstanding concerns relating to damage in the kitchen and takes the required action.

- There was a programme of refurbishment on going at the time of inspection. The registered provider had recognised the environment required updating. This included bedrooms, bathrooms and communal areas.
- Bath and shower rooms had been designed and decorated to ensure they met a variety of needs. For example, toilet seats and hand rails were blue so they could be easily identified.
- People were able to personalise their rooms to make it their own with pictures, furniture and other memorabilia. Some people had an outside door in their rooms which led on to a decking area in the secure garden. This meant people were able to spend time inside and outside of their room safely.

Supporting people to eat and drink enough to maintain a balanced diet

- People were not always supported to have choice with their meals. During both days of inspection, we observed people not being offered a choice during the lunch time meal of what they wanted to eat.
- Some people were not always able to have food which they preferred, such as fruit. Several members of staff told us, "This always happens the day before we have our deliveries." However, we discussed this with the registered manager and they took immediate action to address this.

We recommend the provider reviews their menus to ensure suitable choices or available at mealtimes.

- There was a menu board in the dining area which could be used to display meal choices using photos to support people to make a choice. However, during both days of the inspection, this board had not been completed and people did not know what was for lunch.
- The service supported people with different dietary requirements, which included, textured diets, vegetarian meals, people who required a low sugar diet due to health conditions and diets related to people's culture.

Staff support: induction, training, skills and experience

- The induction process for new staff needed to be reviewed. Staff did not always feel their induction was sufficient to carry out their role. During the inspection, a new member of staff was sent home as other staff did not have time to complete this fully with them and was asked to return the following day.
- Training records showed, people received mandatory training during their induction period. However, this was not always kept up to date. The registered manager told us there was a plan in place to rectify this.
- Staff had opportunities to be able to complete nationally recognised qualifications funded by the registered provider.
- Staff received supervisions to support their development and there was a plan in place to appraise staff on an annual review.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs continued to be assessed prior to admission to the service, to make sure the service could meet their needs and care plans were developed in line with this.
- People's protected characteristics under the Equality Act had been considered, for example, people's religious and cultural needs and lifestyle preferences.
- Equipment was available to enable staff to support people and to promote independence such as, mobility aids, pressure relieving equipment and low profile beds.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked closely with community nursing teams and local doctors to ensure timely care for people. The registered manager had been working with the local GP practice to set up a bi-weekly surgery, where the doctor's visit the home. This meant non-urgent health care issues could be reviewed.
- Healthcare support services visited people regularly. For example, there was a visiting optician and chiropodist.
- People's oral health needs had been assessed and people were supported with this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- People's capacity had been assessed where there was reason to believe a person could lack capacity and DoLS were applied for where needed.
- Staff had a good understanding of MCA. One member of staff told us, "MCA is to determine if an individual can make a decision for themselves or not. There are so many different levels of capacity, some people can lack capacity but still make their own decisions."
- The service used advocacy services to support people with decision making where they were unable to make a decision and legal representatives were not in place.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people felt well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care

- Some people we spoke with did not know about the content of their care plan and told us they were not involved in this. However, people's preferences were recorded, and information had been requested from family to enable staff to support to achieve better outcomes.

- People said they could make decisions in relation to their personal care for example, to have a bath or a shower and where they wanted to reside for the day.

- One person enjoyed wearing jewellery and make up, they told us staff supported them to do this daily as this is something they always did.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff did not always respond to people when they showed distress. For example, two people at lunch time raised their voices at each other, staff in the room did not react to this and carried on with the task they were completing.

- People felt staff treated them well. One person commented, "Staff are very nice here, they do their best." Another person said, "They are absolutely lovely."

- We observed other staff interact with people positively and speaking to people at eye level. One person told a staff member they felt fed up. The member of staff put their arm around the person to comfort them and they thanked the member of staff for this.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to use aids to promote their independence. For example, to enable one person to drink independently, they were given a two handled cup, so they could hold this steady.

- Staff considered people's dignity during meal times and offered some people a clothes protector. This meant if they spilled their meal, their clothes would not be marked. We observed staff supporting people to wear these.

- During the inspection, one person became unwell. Staff discreetly assisted them back to their personal room, so observations and a full check of the person could be completed.

- We observed staff knock on people's personal rooms and gained their consent before entering.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met.

### End of life care and support

- Staff did not receive training in supporting people at the end of their lives. We discussed this with the registered manager, who told us there is a plan to provide staff with online training in relation to this.
- People's end of life support wishes, and preferences had been assessed and this was recorded in their care plans. Staff worked with specialised health care professionals.
- There was nobody receiving end of life care at the time of inspection.

### Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans in place and the management team were in the process of making these more detailed around individual needs.
- Where people were at risk of skin damage, pressure relieving equipment was in place. Such as, cushions and mattresses. We observed people using this during inspection.
- People had chosen for their family to be involved in their care due to cultural beliefs. This was respected by the service and arrangements had been made for this to happen.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was signage in the service which was clear to enable people to recognise facilities in the service. For example, the toilet, bathrooms and the kitchen.
- Other information was available to people in different ways to enable them to make a decision. This included, large print and pictorial aids.

### Improving care quality in response to complaints or concerns

- The registered provider had a complaints policy which detailed the procedure of how to make a complaint and how this must be handled by the registered manager.
- There was no record of any concerns or complaints made to the service in the last 12 months.
- Staff and people told us they knew how to raise a complaint and were confident it would be taken seriously.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- People had the opportunity to take part in activities and events in the service. People's hobbies and interests were obtained by staff to assist the development of the activity plan.
- A PAT (Pets As Therapy) dog visited the service regularly. People told us they enjoyed this and one person said, "I look forward to the dog coming in the best."
- People followed different chosen faiths and the service had arranged for religious leaders to attend the service to enable people to celebrate their faith.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was not an inclusive and empowering culture in the service. The service had a new staff team and values were not embedded. Staff expressed concern to us about how the culture in the service impacted staff morale. We discussed this with the registered and regional manager, who told us a survey would be sent to staff to enable them to share their concerns anonymously and team building sessions would take place.
- Staff told us they did not feel fully supported in their roles. Although staff felt able to raise a concern about poor practice, they did not feel able to raise concerns about this. However, relatives told us they could approach the registered manager to discuss any concerns they had.
- People, staff and relatives told us they felt the registered manager had a caring approach with people. One relative told us, "[Name of registered manager] is kind. I have found to be them to be very helpful and her door is always open."
- The registered manager and staff had received several compliments from relatives. One compliment said, "To all the amazing staff, thank you for all your kindness, help and support for the short time mum was with you."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Although the registered manager spoke openly about the challenges in the service and was working on an action plan to address shortfalls, areas which required improvement were not always prioritised. This meant action to address these areas was not always taken in a timely way.
- There were quality assurance systems in place to enable the management team to monitor quality of the service. However, some quality audits did not reflect clear parts of the service which had been checked. For example, in November a care file audit was carried out and 10 % of files should have been checked. It was not clear on the audit how many files had been checked and which actions on the action plan related to which file.
- We discussed auditing with the regional manager who showed us a newly developed quality assurance system which had just been implemented. These audits were clearly detailed on areas of the service which needed to be monitored and this could be seen on a centralised system from senior managers.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager understood their responsibilities to act in an open and honest way when things go wrong.
- When incidents took place in the service, the registered manager investigated and took action to prevent the risk of re-occurrence. For example, where an injury had occurred.
- Following the inspection, we received an action plan from the registered provider. However, this did not cover all the concerns which were identified during the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Quality assurance surveys had been sent out to staff, people and relatives at the time of inspection. We discussed this with the registered manager and they told us that once the feedback had been analysed, a 'you said, we did' action plan would be implemented.
- Equality characteristics were fully considered for people using the service, staff and visitors.
- The service worked in partnership with health care professionals, community groups and other agencies to enhance outcomes for people. For example, doctors, community champions and advocacy service.
- There was a newsletter available to people and visitors which kept them up to date with what activities had been going on in the service and people's birthday celebrations.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had failed to ensure there were a suitable number of staff to meet people's needs. Shortfalls had not always been covered in line with staffing needs.